

Fill in this information to identify your case:

United States Bankruptcy Court for the:

**Southern District of Texas**

Case number (*If known*): \_\_\_\_\_ Chapter you are filing under:

- Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an amended filing

## Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Identify Yourself

##### About Debtor 1:

###### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Scott**

First name

**Vincent**

Middle name

**Van Dyke**

Last name

\_\_\_\_\_  
Suffix (Sr., Jr, II, III)

##### About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name

\_\_\_\_\_  
Suffix (Sr., Jr, II, III)

###### 2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

Middle name

Last name

###### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 2 4 3 3

OR

9xx - xx - \_\_\_\_\_

xxx - xx - \_\_\_\_\_

OR

9xx - xx - \_\_\_\_\_



Debtor 1

**Scott**      **Vincent**      **Van Dyke**

First Name      Middle Name      Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

<b>7. The chapter of the Bankruptcy Code you are choosing to file under</b>	<i>Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.</i> <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13
<b>8. How you will pay the fee</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <b>I will pay the entire fee when I file my petition.</b> Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.</li> <li><input type="checkbox"/> <b>I need to pay the fee in installments.</b> If you choose this option, sign and attach the <i>Application for Individuals to Pay The Filing Fee in Installments</i> (Official Form 103A).</li> <li><input type="checkbox"/> <b>I request that my fee be waived</b> (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition.</li> </ul>	
<b>9. Have you filed for bankruptcy within the last 8 years?</b> <p><input checked="" type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes. District _____ When _____ Case number _____ MM / DD / YYYY</p> <p>District _____ When _____ Case number _____ MM / DD / YYYY</p> <p>District _____ When _____ Case number _____ MM / DD / YYYY</p>	
<b>10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?</b> <p><input type="checkbox"/> No.</p> <p><input checked="" type="checkbox"/> Yes. Debtor <u>Anglo-Dutch Energy, LLC</u> Relationship to you <u>Business</u> District <u>Southern District of Texas</u> When <u>04/23/2021</u> Case number, if known <u>21-60036</u> MM / DD / YYYY</p> <p>Debtor _____ Relationship to you _____</p> <p>District _____ When _____ Case number, if known _____ MM / DD / YYYY</p>	
<b>11. Do you rent your residence?</b> <p><input checked="" type="checkbox"/> No. Go to line 12.</p> <p><input type="checkbox"/> Yes. Has your landlord obtained an eviction judgment against you?</p> <p><input type="checkbox"/> No. Go to line 12.</p> <p><input type="checkbox"/> Yes. Fill out <i>Initial Statement About an Eviction Judgment Against You</i> (Form 101A) and file it as part of this bankruptcy petition.</p>	

Debtor 1

**Scott**  
First Name**Vincent**  
Middle Name**Van Dyke**  
Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- No. I am not filing under Chapter 11.
- No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
- Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.
- Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

Where is the property? \_\_\_\_\_

Number Street

City

State

ZIP Code

Debtor 1

**Scott**  
First Name**Vincent**  
Middle Name**Van Dyke**  
Last Name

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:***You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):***You must check one:*

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

**Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Scott  
First NameVincent  
Middle NameVan Dyke  
Last Name

Case number (if known) \_\_\_\_\_

## Part 6: Answer These Questions for Reporting Purposes

<b>16. What kind of debts do you have?</b>	<b>16a. Are your debts primarily consumer debts?</b> Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
	<input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.					
	<b>16b. Are your debts primarily business debts?</b> Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
	<input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.					
	<b>16c. State the type of debts you owe that are not consumer debts or business debts.</b> <hr/>					
<b>17. Are you filing under Chapter 7?</b>						
<b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.					
	<input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,000-100,000 <input type="checkbox"/> More than 100,000 <input type="checkbox"/> 50-99 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 100-199 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 200-999						
<b>19. How much do you estimate your assets to be worth?</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> \$0-\$50,000  <input type="checkbox"/> \$50,001-\$100,000  <input type="checkbox"/> \$100,001-\$500,000  <input type="checkbox"/> \$500,001-\$1 million         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> \$1,000,001-\$10 million  <input type="checkbox"/> \$10,000,001-\$50 million  <input type="checkbox"/> \$50,000,001-\$100 million  <input type="checkbox"/> \$100,000,001-\$500 million         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> \$500,000,001-\$1 billion  <input type="checkbox"/> \$1,000,000,001-\$10 billion  <input type="checkbox"/> \$10,000,000,001-\$50 billion  <input type="checkbox"/> More than \$50 billion         </td> </tr> </table>				<input checked="" type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion
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<b>20. How much do you estimate your liabilities to be?</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> \$0-\$50,000  <input type="checkbox"/> \$50,001-\$100,000  <input type="checkbox"/> \$100,001-\$500,000  <input type="checkbox"/> \$500,001-\$1 million         </td> <td style="width: 33%; vertical-align: top;"> <input checked="" type="checkbox"/> \$1,000,001-\$10 million  <input type="checkbox"/> \$10,000,001-\$50 million  <input type="checkbox"/> \$50,000,001-\$100 million  <input type="checkbox"/> \$100,000,001-\$500 million         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> \$500,000,001-\$1 billion  <input type="checkbox"/> \$1,000,000,001-\$10 billion  <input type="checkbox"/> \$10,000,000,001-\$50 billion  <input type="checkbox"/> More than \$50 billion         </td> </tr> </table>				<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million	<input checked="" type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion
<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million	<input checked="" type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion				

## Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Scott Vincent Van Dyke

Scott Vincent Van Dyke, Debtor 1

Executed on 05/25/2021  
MM/ DD/ YYYY

Debtor 1

**Scott** **Vincent** **Van Dyke**

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Susan Tran Adams

Signature of Attorney for Debtor

Date 05/25/2021

MM / DD / YYYY

Susan Tran Adams

Printed name

TRAN SINGH, LLP

Firm name

2502 La Branch St.

Number Street

Houston

City

TX

State ZIP Code

77004Contact phone (832) 975-7300Email address stran@ts-llp.com24075648

Bar number

TX

State

Debtor 1

<u>Scott</u>	<u>Vincent</u>	<u>Van Dyke</u>
First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

Additional Items: Continuation Page

**About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):**

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years (cont)

Include trade names and doing business as names

Anglo-Dutch (Everest), LLC

Business name

Anglo-Dutch (Neftenge), LLC

Business name

Anglo-Dutch Energy Partners IV, LLC

Business name

American Oil & Gas, LLC

Business name

Trepador Energy, LLC

Business name

Potomac Assets, LLC

Business name

Texas Petroleum Operations, LLC

Business name

Burgoyne Investments, LLC

Business name

7 6 - 0 6 3 3 1 9 7  
EIN

7 6 - 0 4 9 2 4 1 - 0  
EIN

4 5 4 6 6 9 6 5 2  
EIN

7 6 - 0 6 3 1 1 3 9  
EIN

4 7 4 3 5 8 4 3 2  
EIN

8 5 - 2 4 8 5 4 0 7  
EIN

8 5 - 2 4 8 5 4 0 7  
EIN

8 5 - 2 1 5 - 2 5 1 - 2  
EIN

Fill in this information to identify your case:

Debtor 1	<b>Scott</b>	<b>Vincent</b>	<b>Van Dyke</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Southern District of Texas</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 104

### For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an *insider*. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

1	What is the nature of the claim? <input type="text"/> None <input type="text"/> \$1,885,210.00
Cadence/Superior Bank Creditor's Name	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply
Operations Center Number Street Birmingham, AL 35203 City State Zip Code	Does the creditor have a lien on your property? Secured <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes.
Contact  Contact phone	Total claim (secured and unsecured): <input type="text"/> \$1,885,210.00 Value of security: <input type="text"/> \$0.00 Unsecured Claim: <input type="text"/> \$1,885,210.00

Debtor 1

**Scott**      **Vincent**      **Van Dyke**

First Name      Middle Name      Last Name

Case number (if known) \_\_\_\_\_

**2**Bank of America  
Creditor's Name4909 Savarese Circle FL1-908-01-50  
Number      StreetTampa, FL 33634  
City      State      Zip Code

Contact

Contact phone

What is the nature of the claim? \_\_\_\_\_ CreditCard \_\_\_\_\_ \$46,074.00

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

Does the creditor have a lien on your property? Unsecured

- No  
 Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

**3**Chase Card Services  
Creditor's Name

Attn: Bankruptcy

PO Box 15298  
Number      StreetWilmington, DE 19850  
City      State      Zip Code

Contact

Contact phone

What is the nature of the claim? \_\_\_\_\_ CreditCard \_\_\_\_\_ \$45,559.00

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

Does the creditor have a lien on your property? Unsecured

- No  
 Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

**4**Titlemax of Texas  
Creditor's Name15 Bull St Ste 200  
Number      StreetSavannah, GA 31401-2686  
City      State      Zip Code

Contact

Contact phone

What is the nature of the claim? \_\_\_\_\_ None \_\_\_\_\_ \$13,000.00

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

Does the creditor have a lien on your property? Secured

- No  
 Yes.

Total claim (secured and unsecured): \_\_\_\_\_ \$13,000.00

Value of security: \_\_\_\_\_ - \_\_\_\_\_ \$0.00

Unsecured Claim: \_\_\_\_\_ \$13,000.00

Debtor 1

**Scott**      **Vincent**      **Van Dyke**

First Name      Middle Name      Last Name

Case number (if known) \_\_\_\_\_

**5**

**What is the nature of the claim?** \_\_\_\_\_ **None** \_\_\_\_\_ **\$9,969.00**

Wells Fargo Dealer Services

Creditor's Name

Attn: Bankruptcy

1100 Corporate Center Drive

Number Street

Raleigh, NC 27607  
City      State      Zip Code**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

**Does the creditor have a lien on your property? Secured**

- No  
 Yes.

Total claim (secured and unsecured): **\$9,969.00**Value of security: **\$0.00**Unsecured Claim: **\$9,969.00**

Contact

Contact phone

**6**

**What is the nature of the claim?** \_\_\_\_\_ **Collection Attorney** \_\_\_\_\_ **\$3,675.00**

Central Portfolio Control

Creditor's Name

Attn: Bankruptcy Attn: Bankruptcy

10249 Yellow Circle Dr , Ste 200

Number Street

Minnetonka, MN 55343  
City      State      Zip Code**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

**Does the creditor have a lien on your property? Unsecured**

- No  
 Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

Contact

Contact phone

**7**

**What is the nature of the claim?** \_\_\_\_\_ **Collection Attorney** \_\_\_\_\_ **\$777.00**

Phoenix Financial Services, LLC

Creditor's Name

Attn: Bankruptcy

PO Box 361450

Number Street

Indianapolis, IN 46236  
City      State      Zip Code**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

**Does the creditor have a lien on your property? Unsecured**

- No  
 Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

Contact

Contact phone

Debtor 1

**Scott**                    **Vincent**                    **Van Dyke**

First Name                Middle Name                Last Name

Case number (if known) \_\_\_\_\_

**Unsecured claim**

8

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

9

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

10

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

Debtor 1

**Scott**                    **Vincent**                    **Van Dyke**

First Name                Middle Name                Last Name

Case number (if known) \_\_\_\_\_

**Unsecured claim**

11

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

12

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

13

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

Debtor 1

**Scott**                    **Vincent**                    **Van Dyke**

First Name                Middle Name                Last Name

Case number (if known) \_\_\_\_\_

**Unsecured claim**

14

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

15

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

16

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

Debtor 1

**Scott**                    **Vincent**                    **Van Dyke**

First Name                Middle Name                Last Name

Case number (if known) \_\_\_\_\_

**Unsecured claim**

17

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

18

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

19

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent
- Unliquidated
- Disputed
- None of the above apply

Creditor's Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Does the creditor have a lien on your property?**

- No
- Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_ - \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

Debtor 1

**Scott**                    **Vincent**                    **Van Dyke**

First Name                Middle Name                Last Name

Case number (if known) \_\_\_\_\_

**Unsecured claim**

20

**What is the nature of the claim?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

- Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

**Does the creditor have a lien on your property?**

- No  
 Yes.

Total claim (secured and unsecured): \_\_\_\_\_

Value of security: \_\_\_\_\_

Unsecured Claim: \_\_\_\_\_

**Part 2: Sign Below****Under penalty of perjury, I declare that the information provided in this form is true and correct.****X**\_\_\_\_\_  
/s/ Scott Vincent Van Dyke

Signature of Debtor 1

**X**\_\_\_\_\_  
Signature of Debtor 2Date 05/25/2021  
MM/ DD/ YYYYDate \_\_\_\_\_  
MM/ DD/ YYYY

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
Southern District of Texas

**In re** Van Dyke, Scott Vincent

Case No. \_\_\_\_\_

**Debtor** Chapter \_\_\_\_\_ 11 \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$0.00

Prior to the filing of this statement I have received ..... \$23,162.00

Balance Due ..... (\$23,162.00)

2. The source of the compensation paid to me was:

Debtor       Other (specify)

3. The source of compensation to be paid to me is:

Debtor       Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

05/25/2021  
*Date*

/s/ Susan Tran Adams  
Susan Tran Adams  
*Signature of Attorney*

Bar Number: 24075648  
TRAN SINGH, LLP  
2502 La Branch St.  
Houston, TX 77004  
Phone: (832) 975-7300

TRAN SINGH, LLP  
*Name of law firm*

IN THE UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
VICTORIA DIVISION

IN RE: **Van Dyke, Scott Vincent**

CASE NO

CHAPTER 11

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 05/25/2021

Signature /s/ Scott Vincent Van Dyke  
Scott Vincent Van Dyke, Debtor

AmeriCredit/GM Financial  
Attn: Bankruptcy  
PO Box 183853  
Arlington, TX 76096

Bank of America  
4909 Savarese Circle FL1-908-01-50  
Tampa, FL 33634

BBVA Compass  
Attn: Bankruptcy  
PO Box 10566  
Birmingham, AL 35296

Cadence/Superior Bank  
Operations Center  
Birmingham, AL 35203

Central Portfolio Control  
Attn: Bankruptcy Attn: Bankruptcy  
10249 Yellow Circle Dr , Ste 200  
Minnetonka, MN 55343

Chase Auto Finance  
P.O. Box 78101  
Phoenix, AZ 85062

Chase Card Services  
Attn: Bankruptcy  
PO Box 15298  
Wilmington, DE 19850

Citibank  
Citicorp Credit Svcs/Centralized Bk dept  
PO Box 790034  
St Louis, MO 63179

Encore Bank  
Nine Greenway Plaza  
Houston, TX 77046

Phoenix Financial Services,  
LLC  
Attn: Bankruptcy  
PO Box 361450  
Indianapolis,, IN 46236

Titlemax of Texas  
15 Bull St Ste 200  
Savannah, GA 31401-2686

Wells Fargo Dealer Services  
Attn: Bankruptcy 1100 Corporate Center  
Drive  
Raleigh, NC 27607